## Department of Regulation & Licensing

State of Wisconsin (608) 266-7703

TTY# (608) 267-2416 hearing or speech TRS# 1-800-947-3529 impaired only

P.O. Box 8935, Madison, WI 53708-8935

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## **BOARD OF NURSING**

## APPLICATION FOR APPROVAL OF A NURSING PROGRAM

Completion of this form is required for all schools applying for approval by the Board of Nursing. The information collected on this form will be sued to determine compliance with standards in Chapter N 1, Wis. Adm. Code.

Institution desiring to established an appro	oved program:
Name	
Address	
Type of Program	
	red in Section N 1.0o3(2), Wisconsin Administrative dditional information may be required before the board
1 7 1	de for the admission of students until the board has, clinical facilities, and response to other requirements
The governing body of the above named Nursing.	institution herein applies for approval by the Board of
Date	Signatures:
	President/Chair of the Board
	Secretary of Board/District Director

#1365 (Rev. 4/01) Ch. 441, Stats. N 1.03(2)(b), Wis. Adm. Code